



State of New Hampshire
VENDOR APPLICATION

VENDOR # _____

(Assigned by Purchase & Property)

BUSINESS NAME/ADDRESS LOCATION

Legal Business Name: _____

Doing Business As Name: _____

Payment Address: _____

City/Town: _____ STATE: _____ ZIP: _____

Business Address: _____

City/Town: _____ STATE: _____ ZIP: _____

Telephone #: _____ Cell Phone #: _____ FAX #: _____

Website: _____ E-Mail (Main Office): _____

Electronic Payment Option: Please contact Treasury at treasury@treasury.state.nh.us or visit their website at www.nh.gov/treasury for further information on this option.

TYPE OF BUSINESS

(Note: Registration with the NH Secretary of State **MUST** be done **prior** to the awarding of any contracts) www.nh.gov/sos/corporate (603) 271-3244

Registered with NH Secretary of State? _____ State Incorporated In: _____

Service Provider ☐ Product/Merchandise Provider ☐ Other Provider ☐

List the principal type of service, product or other that is provided: _____

Minority Institutions	<input type="checkbox"/>	Minority Owned Large Business	<input type="checkbox"/>	Minority Owned Small Business	<input type="checkbox"/>
Disabled Veteran Business	<input type="checkbox"/>	Svs Disabled Veteran Owned	<input type="checkbox"/>	Veteran Owned Small Business	<input type="checkbox"/>
Physically Challenged Bus	<input type="checkbox"/>	SBA Cert Fin Disadvantaged Bus	<input type="checkbox"/>	SBA Cert Hist Underutilized Bus	<input type="checkbox"/>
Historically Black Colleges	<input type="checkbox"/>	Women Owned Sm Bus	<input type="checkbox"/>	Women Owned Large Businesses	<input type="checkbox"/>
Small Business	<input type="checkbox"/>	SBA Cert Sm Disadvantaged Bus	<input type="checkbox"/>		

SIGNATURE BLOCK

I certify the above information to be correct and grant authorization to the State of New Hampshire to investigate any and all facts contained therein, including facility visitation.

Name and Title (print or type): _____

Signature: _____ Date: _____

RETURN ADDRESS

www.admin.state.nh.us/purchasing

(Phone) 603-271-2201

(Fax) 603-271-2700

(Email) PRCHWEB@NH.GOV

DIVISION OF PLANT & PROPERTY MANAGEMENT
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX, ROOM 102
25 CAPITOL STREET
CONCORD NH 03301-6398



STATE OF NEW HAMPSHIRE ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

VENDOR # _____
(Assigned by Purchase & Property)

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 28% withholding on each payment made to you. To avoid this 28% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a GROUP PRACTICE, it is the group name & TIN which is required on this Alternate W-9.
If the service provider is a SOLE PROPRIETOR, it is the individual name & TIN which is required on this Alternate W-9.

BUSINESS NAME: _____

Doing Business As Name: _____

PAYMENT ADDRESS: _____

CITY/TOWN: _____ **STATE:** _____ **ZIP:** _____

BUSINESS ADDRESS: _____

CITY/TOWN: _____ **STATE:** _____ **ZIP:** _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

Social Security # (SSN): _____ **Fed ID # (EIN/FIN):** _____

PRINCIPAL ACTIVITY

☐ Service Provider ☐ Product/Merchandise Provider ☐ Other Provider

List the principal type of service, product or other that is provided: _____

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

<input type="checkbox"/> Individual/Sole-Proprietor	<input type="checkbox"/> Corporation (S)	<input type="checkbox"/> Government
<input type="checkbox"/> LLC (C Corporation)	<input type="checkbox"/> Corporation (C)	<input type="checkbox"/> Medical or Health Care Services
<input type="checkbox"/> LLC (S Corporation)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Legal Services
<input type="checkbox"/> LLC (P Partnership)	<input type="checkbox"/> Estate or Trust	<input type="checkbox"/> Non-Profit

EXEMPTIONS: _____ **Exemption from FATCA reporting:** _____

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge & belief.

NAME & TITLE (print or type): _____

TELEPHONE #: _____ **CELL PHONE #:** _____ **FAX #:** _____

SIGNATURE: _____ **DATE:** _____

Website: _____ **E-Mail (Main Office):** _____

PLEASE RETURN WHEN COMPLETED TO:

(Email) PRCHWEB@NH.GOV
(Phone) 603-271-2201
(FAX) 603-271-2700
www.admin.state.nh.us/purchasing

**DIVISION OF PLANT & PROPERTY MGMT
BUREAU OF PURCHASE & PROPERTY
STATE HOUSE ANNEX – ROOM 102
25 CAPITOL ST
CONCORD NH 03301**